ORIGINAL

6th M. D. 1st Depot Battalion Nova Scotia Regiment

Regtl. No. 3204665

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname Morrison
2. Christian name John Allan
3. Present address Launching Place R.R.#1, P.E.Island
4. Military Service Act letter and number HC 584535
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. ~~Date~~ Place of birth Launching, P.E.ISland
6. ~~Place~~ Date of birth December, 9thm 1894
   (town, township or county and country)
7. Married, widower or single Single, 25
8. Religion Roman Catholic
9. Trade or calling Farmer
10. Name of next-of-kin Patrick P.Morrison
11. Relationship of next-of-kin Father
12. Address of next-of-kin Launching Place R.R.#1, P.E.Island
13. Whether at present a member of the Active Militia NO
14. Particulars of previous military or naval service, if any NO
15. Medical Examination under Military Service Act :—

    (a) Place Charlottetown, PEI (b) Date 26-4-18 (c) Category A2

Sufficient Address

DECLARATION OF RECRUIT

I, John Allan Morrison, do solemnly declare that the above particulars refer to me, and are true.

John Allan Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 5 mths.

Height 5 ft. 5¼ ins.

Chest measurement: fully expanded 36 ins.; range of expansion 5 ins.

Complexion Fair

Eyes Blue

Hair Brown

Distinctive marks, and marks indicating congential peculiarities or previous disease.

H Coy. 1st. DEPOT BTN. JUN 25 1918 CHARLOTTETOWN Nova Scotia Regiment

O.C. Depot Btn.

Major Regt.

O.C. "H" COY. 1st DEPOT B'N N.S. REGT

Place Date

M. F. W. 133.
500M.—5-18.
1772—39—1158.

6th M.D. 1st Depot Battalion Nova Scotia Regiment

Regd. No. 320465

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class ONE

1. Surname: Morrison
2. Christian name: John Allan
3. Present address: Launching Place R.C.M.P. P.E.Island
4. Military service: Army and regiment number: HC 784735
5. Place of birth: Launching P.E. Island
6. Date of birth: December 9th 1894
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Farmer
10. Name of next-of-kin: Patrick F. Morrison
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Launching Place R.C.M.P. P.E.Island
13. Whether at present a member of the Naval or Military Forces: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:

(a) Place: Charlottetown, P.E.I. Date: 26-1-18 (b) Category: A2

DECLARATION OF RECRUIT

I, John Allan Morrison, do solemnly declare that the above particulars refer to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	23 yrs.	5 mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease:
Height	5 ft.	8½ ins.	
Chest measurement	36 ins.		
	range of expansion 5 ins.		
Complexion	Fair		
Eyes	Blue		
Hair	Brown		

Place ..... Date .....

REGIMENTAL DOCUMENTS

NAME MORRISON, JOHN, ALLEN, REGT. NO. 3204663 UNIT C. G. R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					D emob.
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				24321	
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	misc.					
						55 - 24
						20 - 24
						13 - 24

W 2589
100M-11-18
1772-39-1377

B

M. F. W. 71—500M.—6 18.
1772—39—961.

NAME MORRISON. J.

REGIMENTAL NO. 3204665 RANK Private

ENLISTED AT Halifax N.S. PROMOTIONS, &c. AND DATE L/Cpl. 3/1/19.

DATE 21-1-19

IF SERVED PREVIOUSLY. STATE UNIT, &c. "A" coy 1. D.B. N.S.R.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Patrick Morrison RELATIONSHIP Father

ADDRESS OF Launching Place R.R.1 P.E.I.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT a²

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER R.C.

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c
	NO.	DATE	
Tran "B" Coy 21-1-19.		29-1-19	Ad. SH. 11-2-19 D.O. 43 Dis from Hospital 21-2-19 D.O. 53.
S.O.A. 24-7-19. Demobn	205.	24-7-19.	H.2.868-8-1

LEDGER No. 11026. SERIAL No. 611447

REG. No. 3204665 NAME Morrison J.

RANK Pte CORPS 6 C G R AGE 23 SERVICE 2/12

HOSPITALS	DATE OF ADMISSION
1 Cogswell Mil Halifax	11.2.19
2	
3	

DIAGNOSIS Influenza

TRANSFERRED TO

DISPOSITION 21.2.19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-89-1332.

P.T.O.

REMARKS:

M

H. Q. .....

M. D. No. 6

Surname Morrison

T. O. S. June 25 1918

Christian names John Allan

D. O. Pt. II 176 of 27/6/18

Regtl. No. 326465 Rank Pte

S. O. S. Dis. 24-7-1919

Unit N.S. Regt, 1st Dfts Bn

Reason Demob

Auth. Do. 205-24-7-19

Next of kin Morrison, Patrick P.

Relationship father

Address R.R. #1 Launching Place, P.E. Island

Also notify: .....

BORN—Place Canada Launching Place P.E.I. Date Dec. 9th 1894

ATTESTED—Place Charlottetown P.E.I. Date June 25th, 1918.

O/S .....

R/C .....

W. 22—75M-5-18. 1772-39 839.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps "H" Coy 1st D.B. N.S. Regt

Regimental No. 3204665 Rank Private Name Morrison, John Allan

Enlisted (a) 25-6-18 Terms of Service (a) War and 6 Months C. E. F. Service reckons from (a) 25-6-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		S.O.S. on transfer to 6 Bn. C.G.R.		21/1/19	D.O. 21
		J. W. White Lt Major for O.C. "H" COY. 1st DEPOT B'N N.S. REG'T			
		Taken on strength 6th. Battn. C.G.R. C.E.F.	Halifax NS	21.1.19.	A. D. Mackay Capt. Officer i/c Records 6th C.G.R. C.E.F.
		S.O.S. 6th. C.G.R. C.E.F., HALIFAX, N.S. 24.7.19 DEMOBILIZATION H.Q. 868-8-1 S.O.S. D.O. Pt. 11 No. 205 JULY 24 19 A. D. Mackay Capt OFFICER i/c RECORDS 6th. C.G.R. C. E. F.			

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

CASE HISTORY SHEET.

Cogswell St. Military Hospital. Hospital. Halifax N.S. Station.

No. 3204665 Rank Pte Name Morrison John Age 23

Unit 6th B.G.R. Completed years of service (Where and how long) 7/12

Date of admission 11/2/19 Date of discharge FEB 21 1919

Diagnosis Influenza Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Ill since 10/2/19 with headache, slight backache, pains all over, slight dyspnoea and pain in front of chest.

P.E. not remarkable

12/2/19 Improving

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Symptomatic

CONDITION ON DISCHARGE,

(and disposal made of case.) Returned to Duty

Date 22/2/19

Medical Officer i/c case.

M. F. B. 313a.
200M.–5-18.
1772-39-439.

611447

DIV ATORY

UR RT

Rank..... Name..... No..... Corps.....

Ward..... Date 13/5/19

Received from Pte. morrison

Volume .....

Sp. Gr. 1040

Reaction Slightly alkaline

Albumin trace

Blood Nil

Glucose Nil.

Bile Nil

Deposit Ca oxalates, a few pus cells, no casts.

Examined by Kishnobin, Capt.

M. F. W. 2537

15m.—5-18

1772-39-1314

CLINICAL CHART

(To be pasted into Case Book opposite Patient's Case.)

Cogswell St. Military Hospital
Ward IV

R.C.

Corps 6th C.G.R. Hospital Station Halifax N.S.

No. 3204665 Rank and Name Pte. Morrison John D. Age 23 Service 7/12

Disease Influenza Date of Admission 11.2.19 Date of Discharge 21.2.19 Result Recovery Case Book Folio

Dates of Observation	11			12			13			14			15			16		17	18	19	20
Days ~~of Disease~~ In Hospital	1			2			3			4			5			6		7	8	9	10
Temperature Fahrenheit	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm
107°	12 noon 4 pm	8 pm 12 mid	4 am 8 am	12 noon 4 pm	8 pm 12 mid	4 am 8 am	12 noon 4 pm	8 pm 12 mid	4 am 8 am	12 noon 4 pm	8 pm 12 mid	4 am 8 am	12 noon 4 pm	8 pm 12 mid	4 am 8 am	12 noon 4 pm	8 pm 12 mid				
106°																					
105°																					
104°																					
103°																					
102°																					
101°																					
100°																					
99°																					
98°																					
97°																					
Pulse per Minute	80 96	90	88	80 7	76	60	75 68	80	70	80 80	70	68	76 7	78	96	54	52	54	65	60	64 76
Respirations per Minute	18 26	24	24	22	20 19	18	18 18	20	18	20 18	18	18	18 18	19	18	18	20	20	22	20	20 20
Motions		0	0						0	0		0	0		0						

M. F. B. 288.
1M—12-17.
H. Q. 1772-39-513.

Signature Mamey Capt. In charge of case.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Morrison Christian name John Allen
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number if any) Lannchburg R R No 1 P E I

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26 day of april 1918, by the undersigned medical board sitting at Charlottetown P E I

5. Age as stated 23 Years 5 Months. 6. Apparent age 23 Years Month
7. Height 5 Feet 5¼ Inches. 8. Weight 115 Pounds.
9. Chest measurement { Minimum 31 Ins. / Maximum 36 Ins. } 10. Complexion fair { Eyes blue / Hair brown }
11. Physical development good { Good / Fair / Poor } 12. Smallpox marks none
13. Number of vaccination marks { Right arm 0 / Left arm 0 } 14. When vaccinated last never
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis, Asthma.

We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17. (a) Vision. R. 20/30 L. 20/30
(b) Hearing. R. 20/20 L. 20/20

Ad Ross Capt President.
R J Heanneny Member. E V Carruthers Member.

Signature of Man John Allen Morrison

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
21/6/18	Take	Speaker	M. O.	20/6/18	Good	Speaker	M. O.
			M. O.	6/7/18	Good	Speaker	M. O.
			M. O.	17/7/18	Good	Speaker	M. O.

Joined 25 day of June 1918 at Charlottetown P E I

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	12 B N S R			
Transferred to	6 Bn C G R	3204665		

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Charlottetown P E I	26/4/18		Cat A2

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
300M.—4-18.
1772-39-439.

Surname Morrison Christian Name John Allan

Cogswell St. Military Hospital
Ward 4
Halifax

4

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
		11	2	19	21	2	19	Influenza	11	A mild case of uncomplicated Influenza	Mamey Captain

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3204665 (Rank) L/Cpl

Name (in full) John allen Morrison enlisted in

the 1st D. B. N. S. R.

CANADIAN EXPEDITIONARY FORCE at Charlottetown P.E.I. on the 25th

day of June 1918

HE served in Canada

and is now discharged from the service by reason of Demobolization

H.Q. 868-8-1

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 24 4/12 yrs

Height 5' 5 1/4"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

J A Morrison
Signature of Soldier

G L Mott
Issuing Officer

Major
Rank

O. C. 6th Det Canadian Garrison Regt. C. E. F.
Appointment

Date of Discharge JUL 24 1919

Signed at Halifax NS this JUL 24 1919 day of 1919

in Military District No. 6

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Morrison Christian name John Allan
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 584535 HC
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Lannan R.R. No 1 P.E.I.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26 day of April 1917, by the undersigned medical board sitting at Ch'town P.E.I.

5. Age as stated 23 Years 5 Months. 6. Apparent age 23 Years Months
7. Height 5 Feet 5¼ Inches. 8. Weight 115 Pounds.
9. Chest measurement { Minimum 31 Ins., Maximum 36 Ins.
10. Complexion fair { Eyes blue, Hair brown
11. Physical development good { Good / Fair / Poor 12. Smallpox marks none
13. Number of vaccination marks { Right arm 0, Left arm 0
14. When vaccinated last never
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis — We find no evidence of past { Rheumatism / Tuberculosis / Syphilis

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

Vision R 20/30 L 20/20
Hearing R 20 ft L 20 ft

C. A. Moore (?) President.
R. Shawcross Member. E. J. Arsenault Member.

Signature of Man

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
21/6/18	Taken	Spencer	M.O.	20/6/18	Good	Spencer	M.O.
			M.O.	6/7/18	Good	Spencer	M.O.
			M.O.	17-7-18	Good	Spencer	M.O.

7/7/19 to Halifax.

Joined 25th day of June 1918 at Charlottetown P.E.I.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st D.R.R.	304465		
Transferred to	5th, Batt, Can. Garrison Regt, C.E.F.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Charlottetown P.E.I.	22/4/18		Category A2

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Surname Mason Christian Name Charles

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

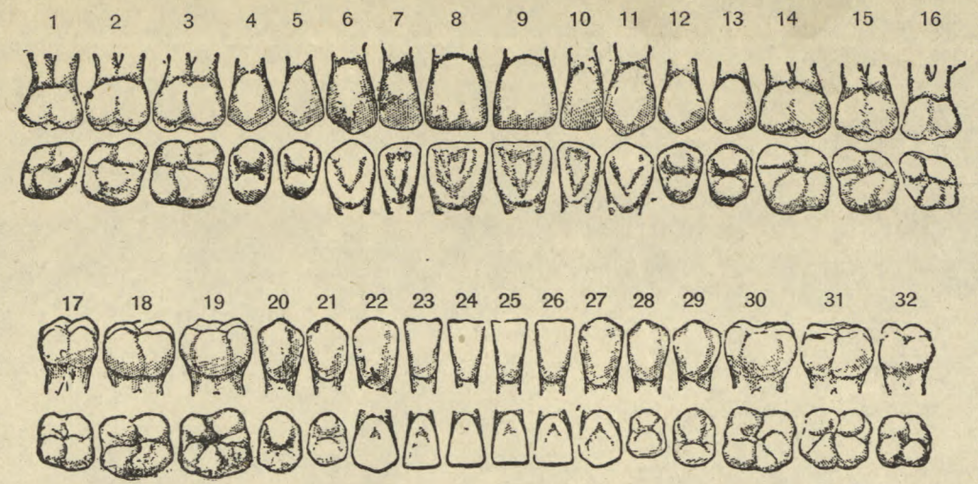
DISTRICT 6.

NAME OF SOLDIER J. Mannison

REGIMENT 1 Mont Bn. Mtd. RANK Pte

No. 320266

M.F.B. 465.
150M—6-18.
772-39-950.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
																					J B Brown		Dran't report

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3204665 Rank L/Cpl. Surname Morrison
(Give name in full) John Allan

Unit or Corps 6th Det 6 Y.R. Birthplace Launching P.E.I.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 121 lbs. Height 5 ft. 5½ in. Colour of Eyes Blue

Nutrition Well nourished

Pulse 72

Condition of arteries normal

Vision Rt. D. 30 Left D. 30

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
None

Opinion as to general health and physical condition Excellent.

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Influenza 11-2-19 to 21-2-19
Recovered
A H

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Halifax N.S. (Canada)

Date July 21/19 Signed Jas. Murdoch Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature John Allan Morrison

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

[OVER]

M.F.W. 120.
1033 (D.P.) 500M-11-18.
1772-89-1142.

54

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 3204665

Rank L/Cpl

Surname Morrison

Christian name John Allen

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) Can. Garrison Regt.

Date of discharge JUL 24 1919

Place of discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years 4 months.

Height 5 feet 5 11/4 inches.

Complexion Fair

Eyes Blue

Hair Brown

Trade Farmer

Intended place of residence (To be given as fully as practicable.) Launching P.E.I.

Descriptive marks

2. The above-named man is discharged in consequence of Demobolization

Authority for discharge H.Q. 878-8-1

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. J. A. Morrison *(Signature of Soldier.)*

(Date) JUL 24 1919 E. Shoot A.O.M. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S.

(Signature) G L Mott Major

(Date) JUL 24 1919

O. C. 6th Canadian Garrison Regt. C. E. F.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23
	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

AUDITOR	PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. Single

REGT. No. 3204665 RANK Pte. NAME (IN FULL) Morrison, John Allan (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Patrick P. Morrison, Father — RELATIONSHIP

ADDRESS: Launching Place, R.R. No. 1, P.E.I.

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

ORIGINAL UNIT C.E.F.: 1st Depot Bn. N.S.R.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: Charlottetown — TRANSFERRED TO: 6th C.E.F.R. — DATE: 21-1-19 — AUTHORITY

DATE OF ATTESTATION: 25-6-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $: 15.00 — DATE EFFECTIVE

PAYABLE TO: Patrick P. Morrison — RELATIONSHIP: Father

ADDRESS: Launching Place, R.R. No. 1, P.E.I.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Halifax — DATE: 24/7/19 — REASON: Demob. — AUTHORITY: HQ 868-8-1 — IF ENTITLED TO POST DISCHARGE PAY

PARTICULARS	EFFECTIVE DATE	AUTHORITY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					1361
April	30	1.10	33		10	20			43	20																19											Cr. 10.20 Mar. P.L.
											15	15/4	28	29/4			10		6				15		35		1	14			33	53			9	67	Cr. 32-1.15 ar 21
May	31	1.10	34	10	9	67			43	77	34	12/5	44	29/5			10		8	52			15		~~35~~ 30						~~25~~ 33	~~95~~ 82			~~10~~ 9	~~00~~ 95	Cr. Pay ar 41
June	30	1.10	33		9	95			51	47	49	9/6	62	25/6			10		16	47			15								41	47			10		Cr. Cancelled ck #1288 ar 19
					8	52																															
July	24	1.10	26	40	35	00			141	40	74	12/7					10		131	35						15					141	40					Cr. Alln. Final Paymt. W.S.G.
					10	00																															
					70	00																															
					WPG																																
31 days	1				70	00	1		70	00	1												70														Final Paymt. W.S.G.

Certified that all payments due on this acct. have been paid.

For Senior Officer Pay Services, M. D. 6

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.